PERSONAL FINANCIAL STATEMENT

			COVER SHEET
For filings requ	d in accordance with Government Code Chapter 572. ired in 1998, covering calendar year ending December		TOTAL NUMBER OF PAGES FILED:
Use FOR	M PFSINSTRUCTION GUIDE when completing this t	orm.	OFFICE USE ONLY
1 NAME	TITLE FIRST	MI	Account # 00020990
	STATE SENATOR ROYCE NICKNAME LAST WEST	B. SUFFIX	Pate Received RECEIVED
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE	APR 03 1998
NEW ADDRESS	5787 S. HAMPTON ROAD, SUITE 385 DALLAS, TEXAS 75232-2258		Fexas Ethics Commission Receipt # 012951
3 TELEPHONE	AREA CODE PHONE NUMBER EXTEN	SION	491/98 Amount 0000
NUMBER	()		Date Imaged
4 REASON FOR FILING STATEMENT	CANDIDATE STATE SENATOR DISTRICT 23		(INDICATE OFFICE)
	_		(INDIOXIE OFFICE)
	APPOINTED OFFICER		(INDICATE AGENCY)
	EXECUTIVE HEAD		(INDICATE AGENCY)
	☐ FORMER OR RETIRED JUDGE SHTTING BY ASSIGNMENT	ĺ	
	☐ STATE PARTY CHAIR		(INDICATE PARTY)
	☐ OTHER		(INDICATE POSITION)
	whose financial activity you are reporting (filer must report inform if the filer had actual control over that activity):	ation about the	financial activity of the filer's spouse or
SPOUSE			
☐ DEPENDENT (CHILD 1		
	2		
	3		
	•	ouse or a dep	endent child if you had actual control
	COPY AND ATTACH ADDITIONAL PAG	ES AS N	ECESSART

1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SOURCES OF OCCUPATIONAL INCOME PART 1A When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **INFORMATION RELATES TO** SPOUSE ☐ DEPENDENT CHILD _____ **▼** FILER NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** EMPLOYED BY ANOTHER ROBINSON WEST & GOODEN, P.C. 400 S. ZANG BLVD., SUITE 600, DALLAS, TEXAS 75208 NATURE OF OCCUPATION SELF-EMPLOYED ATTORNEY INFORMATION RELATES TO ☐ SPOUSE DEPENDENT CHILD _____ ☐ FILER NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** ☐ EMPLOYED BY ANOTHER NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO ☐ DEPENDENT CHILD _____ FILER ☐ SPOUSE NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** ☐ EMPLOYED BY ANOTHER NATURE OF OCCUPATION SELF-EMPLOYED

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This section concerns fees received	en a retainer hu veur ueur eneuen er	
than for services on a matter specified value of the work actually performed information, see FORM PFS—INSTR	ild have a "substantial interest") for a d d at the time of contracting for or receiv during the calendar year did not equa RUCTION GUIDE. a dependent child's activity, indicate	a dependent child (or by a business in which claim on future services in case of need, rather ring the fee. Report information here only if the lor exceed the value of the retainer. For more the child about whom you are reporting by
1 FEE RECEIVED FROM		ME AND ADDRESS
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List each business entity in which and indicate the category of the category of the incategory of the amount of the INSTRUCTION GUIDE. When reporting information abortonisting the number under which	net gain or loss realiza	ed from the sa	ale. For more inform	vas sold, also indicate the ation, see FORM PFS-
1 BUSINESS ENTITY			AME AND ADDRESS	
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STOCK	PART 2	
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1 BUSINESS ENTITY	NAA.	ME AND ADDRESS
DUSINESS ENTITT	Andrx Corporation held by Smith Barney 13455 Noel Road, 2 Galleria	Tower, 18th Floor, Dallas, TX 75240
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BUSINESS ENTITY	Advance Micro Devices, Inc. held by Smith Barney 13455 Noel Road, 2 Galleria	Tower, 18th Floor, Dallas, TX 75240
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NUMBER OF SHARES	☐ LESS THAN 100 🔀 100 TO 49	9 🔲 500 TO 999 🔲 1,000 TO 4,999
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BUSINESS ENTITY	Grupo Financiero held by Smith Barr 13455 Noel Road, 2	Bancomer ney	EANDADDRESS Tower, 18th Floor	, Dallas, TX 75240
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BUSINESS ENTITY	Intel Corporati held by Smith Ba 13455 Noel Road,	rney	ia Tower, 18th Flo	or, Ďallas, TX 75240
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² STOCK HELD OR ACQUIRED BY	☑ FILER □ S	SPOUSE	☐ DEPENDENT C	HILD	
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BUSINESS ENTITY	Telefonos De Mex N held by Smith Barn 13455 Noel Road, 2	om Adr ey	and address Tower, 18th Floo	or, Dallas, TX 75240	
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BUSINESS ENTITY	Apple Computer, Inc. held by Smith Barney	a Tower, 18th Floor, Dallas, TX
² STOCK HELD OR ACQUIRED BY	FILER SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	LESS THAN 100 ☐ 100 TO 499 ☐ 5,000 TO 9,999 ☐ 10,000 OR 6	
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BUSINESS ENTITY	Applied Materials, Inc. held by Smith Barney 13455 Noel Road, 2 Galleri	a Tower, 18th Floor, Dallas, TX 75240
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NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
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	Airtouch Communication held by Smith Barney 13455 Noel Road, 2 Ga		Tower, 18th Floor, Dallas, TX 75240	
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BUSINESS ENTITY	American Express Con held by Smith Barney 13455 Noel Road, 2 G		a Tower, 18th Floor, Dallas, TX 75240	
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	a dependent child's activity, indicate the child is listed on the Cover Sheet.	the child about whom you are reporting by
BUSINESS ENTITY	Westinghouse Electric Corp. held by Smith Barney	Tower, 18th Floor, Dallas, Tx 75240
² STOCK HELD OR ACQUIRED BY	FILER SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	LESS THAN 100 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
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DUOINEOG ENTITY	NAM	E AND ADDRESS
BUSINESS ENTITY	Merrill Lynch Sector Fund I and II 1221 McKinney, Suite 3900 Houston, Texas 77010	<u>.</u>
STOCK HELD OR ACQUIRED BY	K FILER ☐ SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	☐ LESS THAN 100	
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BUSINESS ENTITY	Computer Associa held by Smith Ba 13455 Noel Road,	tes Int'1, rney	Tower, 18th Floo	r, Dallas, Tx 5240
² STOCK HELD OR ACQUIRED BY	▼ FILER	SPOUSE	☐ DEPENDENT C	CHILD
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2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSI	E DEPENDENT CHILD	
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BUSINESS ENTITY	General Electric Companheld by Smith Barney 13455 Noel Road, 2 Gall	eria Tower, 18th Floor, Dallas, Tx 75240	
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¹ BUSINESS ENTITY	GTE Corporation held by Smith B 13455 Noel Road,	arney	Tower, 18th Floor, Dallas, TX 75240
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NUMBER OF SHARES	LESS THAN 100	100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
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BUSINESS ENTITY		NAM	E AND ADDRESS
	Motorola, Inc. held by Smith B 13455 Noel Road	-	a Tower, 18th Floor, Dallas, Tx 75240
STOCK HELD OR ACQUIRED BY	∑ FILER	SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	∑ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
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BUSINESS ENTITY	Partnerre LTD - BMD held by Smith Barney	Tower, 18th Floor, Dallas, TX 75240
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	a dependent child's activity, indicate ne child is listed on the Cover Sheet.	the child about whom you are reporting by
BUSINESS ENTITY	Staples, Inc. held by Smith Barney	La Tower, 18th Floor, Dallas, TX 75240
² STOCK HELD OR ACQUIRED BY	FILER SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	LESS THAN 100 ☐ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
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IF SOLD ☐ NET GAIN ☐ NET LOSS	☑ LESS THAN \$5,000 ☐ \$5,000\$9,	999
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BUSINESS ENTITY	Wal-Mart Stores, Inc. held by Smith Barney 13455 Noel Road, 2 Galleri	a Tower, 18th Floor, Dallas, Tx 75240
STOCK HELD OR ACQUIRED BY	K FILER ☐ SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	€ LESS THAN 100	☐ 500 TO 999 ☐ 1,000 TO 4,999
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STOCK		PART 2
		·
and indicate the category of the numcategory of the amount of the new INSTRUCTION GUIDE.	ber of shares held or acquired. If son gain or loss realized from the sal	held or acquired stock during the calendar year ne or all of the stock was sold, also indicate the e. For more information, see FORM PFS
When reporting information about providing the number under which t	a dependent child's activity, indicatine child is listed on the Cover Sheet.	the child about whom you are reporting by
¹ BUSINESS ENTITY	American Fund P O Box 659521 San Antonio, Texas 7826	ME AND ADDRESS 5-9521
2 STOCK HELD OR ACQUIRED BY	▼ FILER SPOUSE	DEPENDENT CHILD
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 4	99
	☐ 5,000 TO 9,999 ☐ 10,000 OI	RMORE
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$	9,999
BUSINESS ENTITY	N	AME AND ADDRESS
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 4	_
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$	9,999
COPY A	ND ATTACH ADDITIONAL PAGE	S AS NECESSARY

P.O. Box 12070

BONDS, NOTES, AND

OTHER COMMERC	CIAL PAPER		
List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For mo information, see FORM PFSINSTRUCTION GUIDE.			
When reporting information about providing the number under which t	a dependent child's activity, indicate the child is listed on the Cover Sheet.	the child about whom you are reporting by	
DESCRIPTION OF INSTRUMENT	1 - CD IRA BANK OF AMER	ICA	
² HELD OR ACQUIRED BY	₩ FILER SPOUSE	DEPENDENT CHILD	
IF SOLD	X LESS THAN \$5,000 ☐ \$5,000\$9	,999	
☐ NET GAIN ☐ NET LOSS			
DESCRIPTION OF INSTRUMENT	1 - CERTIFICATE OF DEP	OSIT NATIONSBANK	
HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE	DEPENDENT CHILD	
IF SOLD	LESS THAN \$5,000 □ \$5,000—\$5	9,999	
NET GAIN			
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE	DEPENDENT CHILD	
IF SOLD	☐ LESS THAN \$5,000 ☐ \$5,000\$	9,999	
☐ NET GAIN ☐ NET LOSS			
COPY A	AND ATTACH ADDITIONAL PAGE	S AS NECESSARY	

INCOME FROM INTEREST, DIVIDENDS,

PART 4

1-800-325-8506

ROYALTIES, AND	RENTS	
List each source of income you, you interest, dividends, royalties, and re For more information, see FORM F	ents during the calendar year and indi	eived in excess of \$500 that was derived from cate the category of the amount of the income.
When reporting information about providing the number under which	a dependent child's activity, indicate the child is listed on the Cover Sheet.	e the child about whom you are reporting by
SOURCE OF INCOME RENT	Kenneth Medlock (Managemen 2611 Deep Hill Circle Dallas, Texas 75233	t Company) istie Lane, Dallas, TX 75249
RECEIVED BY	I FILER	DEPENDENT CHILD
3 AMOUNT	☐ \$500—\$4,999 ∑ \$5,000\$9	9,999
SOURCE OF INCOME RENT	Kenneth Medlock (Managemen 2611 Deep Hill Circle Dallas, Texas 75233 Property Address: 9204 Cu	
RECEIVED BY	▼ FILER	DEPENDENT CHILD
AMOUNT	☐ \$500\$4,999 ½ \$5,000\$	9,999
SOURCE OF INCOME	Gloria Ashford 7318 Oakmore Drive Dallas, Texas 75249	AME AND ADDRESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

\$500--\$4,999

TILER

☐ SPOUSE

DEPENDENT CHILD _____

∑ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE

RECEIVED BY

RENT

AMOUNT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS CONT'D.

SOURCE OF INCOME

Henry S. Miller, Property Manager

RENT

407 N. Cedar Ridge, Duncanville, Texas

Property Address: 1014 Quail Run, Duncanville, TX

RECEIVED BY

Filer

AMOUNT

\$500-\$4,999

PERSONAL NOTES

PART 5

AND LEASE AGREEMENTS Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet PERSON OR INSTITUTION Norwest Bank (Credit Card) HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF X FILER SPOUSE DEPENDENT CHILD _____ **GUARANTOR AMOUNT** XX \$1,000--\$4,999 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000-OR MORE PERSON OR INSTITUTION HOLDING NOTE OR Norwest Mortgage LEASE AGREEMENT LIABILITY OF X FILER SPOUSE ☐ DEPENDENT CHILD _____ **GUARANTOR AMOUNT** \$1,000-\$4,999 \$5,000--\$9,999 \$10,000-\$24,999 \$\sqrt{2}\$ \$25,000-OR MORE PERSON OR INSTITUTION HOLDING NOTE OR Principal Mortgage LEASE AGREEMENT LIABILITY OF XX FILER SPOUSE DEPENDENT CHILD _____ **GUARANTOR** AMOUNT \$5,000--\$9,999 \$10,000--\$24,999 \text{XX} \$25,000--OR MORE \$1,000--\$4,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS

P.O. Box 12070

PART 5

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by shar under which the child is listed on the Cover Sheet

providing the number under which t	ine crina is listed on	uie Covel Sileet.		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	NationsBank	(Lease)		
² LIABILITY OF	X FILER	☐ SPOUSE	☐ DEPENDENT C	HILD
3 GUARANTOR				2
4 AMOUNT	51,000\$4,999	55,000—\$9	,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citicorp (Mo	ortgage) Note		:
LIABILITY OF	X FILER	☐ SPOUSE	☐ DEPENDENT C	HILD
GUARANTOR				•
AMOUNT	\$1,000\$4,999	\$5,000\$9	9,999	∑ \$25,000–OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ford Motor	(Lease)		
LIABILITY OF	X FILER	SPOUSE	☐ DEPENDENT C	CHILD
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$	9,999	X \$25,000OR MORE
COPY A	ND ATTACH ADE	DITIONAL PAGE	S AS NECESSARY	

INTERESTS IN REAL PROPERTY

DADT SA

MAILINEO TO MAINE	AL I NOI ENTI			
Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.				
	a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 — Dallas County			
STREET ADDRESS	1305 Green Hills Ct.			
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Norwest Mortgage			
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000OR MORE			
HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 - Dallas County			
STREET ADDRESS	1014 Quail Run			
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000OR MORE			
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY			

INTERESTS IN REAL PROPERTY CONT'D.

DESCRIPTION

Lots

1 -Dallas County

STREET ADDRESS

9204 Cutleaf

1 - Dallas County

2204 Boll Street

NAME OF PERSONS

RETAINING AN INTEREST

George Brice Heirs

Lots

1 -Dallas County

7204 Christie Lane

NAME OF PERSONS

RETAINING AN INTEREST

Citicorp Mortgage

1 - Dallas County

7318 Oakmore Drive

NAME OF PERSONS

RETAINING AN INTEREST

Principal Mortgage

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission **INTERESTS IN BUSINESS ENTITIES** PART 6B Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. HELD OR ACQUIRED BY FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____ NAME AND ADDRESS DESCRIPTION ROBINSON WEST & GOODEN, P.C. 400 S. ZANG BLVD., SUITE 600, DALLAS, TEXAS 75208 3 IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE ☐ NET GAIN ☐ NET LOSS ☐ SPOUSE HELD OR ACQUIRED BY ☐ FILER DEPENDENT CHILD _____ NAME AND ADDRESS **DESCRIPTION** IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS DEPENDENT CHILD HELD OR ACQUIRED BY FILER SPOUSE NAME AND ADDRESS DESCRIPTION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE

IF SOLD

☐ NET GAIN
☐ NET LOSS

GIFTS			PA	RT 7
and describe the gift. Do not include lobbyist under Government Code person related to the recipient with PFSINSTRUCTION GUIDE.	ude: 1) expenditures Chapter 305, 2) polit thin the second degr ut a dependent chik	required to be reported ical contributions reported ee by consanguinity of d's activity, indicate the	to you, your spouse, or a dependent by a person required to be register ted as required by law, or 3) gifts give affinity. For more information, see the child about whom you are repo	ed as a ren by a FORM
providing the number under which	h the child is listed or	n the Cover Sheet.		
1 DONOR		NAME A	ND ADDRESS	,
N/A				
² RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT				
		NAME A	AND ADDRESS	
DONOR				
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT				
DONOR		NAME	AND ADDRESS	
RECIPIENT	☐ FILER	☐ SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT				
CODY	/ AND ATTACH A	DDITIONAL PAGES	AS NECESSARY	

exas Ethics Commission P.O.	Box 12070 Aus	in, Texas 78711-2070	0 (512) 463-5800	1-800-325-8506
TRUST INCOME				PART 8
Identify each source of income receive the category of the amount of income more than \$500 in income, if the identification of the i	ne received. Also ider entity of the asset is king a dependent child's	ntify each asset of the nown. For more infor activity, indicate the	trust from which the be mation, see FORM PF:	eneticiary received SINSTRUCTION
1	are orma to noted out an		F TRUST	
SOURCE	· 			
N/A	·			
² BENEFICIARY	FILER	SPOUSE	DEPENDENT CHIL	.D
3 INCOME	LESS THAN \$5,0	00 \$5,000-\$9,999	\$10,000-\$24,999] \$25,000—OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				•
UNKNOWN				
SOURCE		NAME (OF TRUST	
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHI	LD
INCOME	LESS THAN \$5,0	\$5,000\$9,999	\$10,000 — \$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
		NAME	OF TRUST	
SOURCE				
BENEFICIARY	☐ FILER	SPOUSE	DEPENDENT CH	ILD
INCOME	LESS THAN \$5,	000 🗌 \$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
UNKNOWN				
COPY	AND ATTACH ADD	ITIONAL PAGES A	S NECESSARY	

CORPORATE & PARTNERSHIP ASSETS

P.O. Box 12070

PART 9A

Describe all assets of each corporation or partnership in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by viding the number under which the child is listed on the Cover Sheet

providing the number und	dei Milion die Cillio is ist			
CORPORATION OR PARTNERSHIP	NAME AND ADDRESS			
N/A				
HELD, ACQUIRED, OR SOLD BY	FILER	SPOUSE	DEPENDENT CHILD	
3	DES	CRIPTION	CATEGORY	
ASSETS			LESS THAN \$5,000 \$5,000\$9,999	
			\$10,000-\$24,999	Ξ
				• •
			☐ LESS THAN \$5,000 ☐ \$5,000\$9,999	
			\$10,000-\$24,999 \$25,000-OR MORE	E
			LESS THAN \$5,000	
			☐ \$10,000\$24,999 ☐ \$25,000OR MORE	Ε
			LESS THAN \$5,000 S5,000-\$9,999	
			\$10,000-\$24,999 \$25,000-OR MORE	E
			LESS THAN \$5,000 \$5,000\$9,999	
		·	 \$10,000-\$24,999	E
			☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999	•
				.
			│	<u>.</u>
			☐ LESS THAN \$5,000 ☐ \$5,000\$9,999	
]			☐ \$10,000\$24,999 ☐ \$25,000OR MORI	E
			☐ \$10,000-\$24,999 ☐ \$25,000-OR MOR	E
	CORV AND ATTAC	U ADDITIONAL DACE	S AS NECESSARY	

Austin, Texas 78711-2070

PART 9B

1-800-325-8506

CORPORATE & PARTNERSHIP LIABILITIES

Danadha	all liabilities of each corporation or partnership in which you, your spouse, or a dependent child held, acquired
Describe	all liabilities of each corporation of particular in the particular the particular of the amount of the
or sold :	50 percent or more of the outstanding ownership and indicate the category of the amount of the
Q. QU.	TODAL DECLINICATION CHIDE
liabilities	For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by

providing the number un	der wnich the child is list		2220004
CORPORATION OR PARTNERSHIP N/A	NAME AND ADDRESS		
² HELD, ACQUIRED,	☐ FILER	☐ SPOUSE	DEPENDENT CHILD
OR SOLD BY			CATEGORY
3 LIABILITIES	DES	CRIPTION	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999
			\$10,000-\$24,999 \$25,000-OR MORE
			LESS THAN \$5,000 \$5,000\$9,999
			☐ \$10,000\$24,999 ☐ \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999
			☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE
			LESS THAN \$5,000 \$5,000—\$9,999 \$10,000—\$24,999 \$25,000—OR MORE
			LESS THAN \$5,000 \$5,000—\$9,999 \$5,000—OR MORE
			LESS THAN \$5,000 \$5,000\$9,999
			LESS THAN \$5,000 \$5,000-\$9,999
			\$10,000-\$24,999 \$25,000-OR MORE
!			LESS THAN \$5,000 \$5,000-\$9,999
			\$10,000-\$24,999 \$25,000-OR MORE
	COPY AND ATTAC	H ADDITIONAL PAG	ES AS NECESSARY

P.O. Box 12070 BOARDS AND EXECUTIVE POSITIONS

OMINDO			
st all boards of directors of wour spouse, or a dependent rganization and the position. When reporting information providing the number under	held. For more informa	ation, see to the cate the c	member and all executive positions you, proprietorships, stating the name of the TRUCTION GUIDE. child about whom you are reporting by
ORGANIZATION ROBINSON WEST & GOODEN, P.C.			
POSITION HELD	PARTNER	·	DEPENDENT CHILD
POSITION HELD BY	[X] FILER	SPOUSE	
ORGANIZATION	DALLAS COUNTY	DENTAL HEALTH	
POSITION HELD	PRESIDENT		DEPENDENT CHILD
POSITION HELD BY			
ORGANIZATION	WEST DALLAS	COMMUNITY CENTERS	
POSITION HELD	BOARD OF DI		DEPENDENT CHILD
POSITION HELD BY	₹ ¾ FILER	SPOUSE	
ORGANIZATION	TOM JOYNER	FOUNDATION, INC.	
POSITION HELD	SECRETARY		DEPENDENT CHILD
POSITION HELD BY	FILER	☐ SPOUSE	[] DELENDENT COMM
ORGANIZATION			
POSITION HELD			DEPENDENT CHILD
POSITION HELD E	BY FILER	SPOUSE	
1			······································

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

P.O. Box 12070

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (Government Code Chapter 305). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
n/A	
² AMOUNT	
/ UVI CO I 1 I	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
PROVIDER	NAME AND ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMOUNT	
MINIOUNI	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
COF	Y AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

P.O. Box 12070

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
CODY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS-INSTRUCTION GUIDE.

-INSTRUCTION GUIDE.				-
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 —\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	☐ \$25,000—OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	4 11 2 2			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY				□ ees ees e= ··==
	LESS THAN \$5,000	□ \$5,000\$9,999	□ \$10,000 - \$24,999	☐ \$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	∐ LESS THAN \$5,000	□ \$5,000\$9,999	\$10,000 - \$24,999	□ \$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES	LESS THAN \$5,000			□ \$25,000-OR MORE

REPRESENTATION BY LEGISLATOR **BEFORE STATE AGENCY**

PART 14

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFSINSTRUCTION GUIDE.				
1 STATE AGENCY	ATTORNEY GENERAL			
² PERSON REPRESENTED	ERIC SMITH			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9 999	\$10,000~\$24,999	☐ \$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9, 999	\$10,000 - \$24,999	\$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	55,000-\$9,999	\$10,000-\$24,999	☐ \$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000—\$24,999	☐ \$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 \$ 24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

P.O. Box 12070

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under Election Code Title 15, the benefit is reportable here. For more information, see FORM PFS-INSTRUCTION GUIDE.

SOURCE OF BENEFIT	NAME AN	D ADDRESS		
N / A				
N/A				
BENEFIT				
	1911-10-10-10-10-10-10-10-10-10-10-10-10-1	·		
SOURCE OF BENEFIT	NAME AF	O ADDRESS		
BENEFIT				
	· · · · · · · · · · · · · · · · · · ·			
SOURCE OF BENEFIT	NAME AI	ND ADDRESS		
	,			
BENEFIT				
SOURCE OF BENEFIT	NAME A	ND ADDRESS		
BENEFIT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

P.O. Box 12070

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under Election Code Title 15, the benefit is reportable here. For more information, see FORM PFS—INSTRUCTION GUIDE.

SOURCE OF BENEFIT	NAME ANI	DADDRESS	
BENEFIT			
SOURCE OF BENEFIT	NAME ANI	D ADDRESS	
BENEFIT		en e	
SOURCE OF BENEFIT	NAME AN	D ADDRESS	
BENEFIT		-	
SOURCE OF BENEFIT	, NAME AN	D ADDRESS	
BENEFIT			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.

Signature of Filer



Sworn to and subscribed before me, by the said <u>ROYCE B. WEST</u>, this the <u>30th</u> day of <u>MARCH</u>, 19 98, to certify which, witness my hand and seal of office.

July Die

BILLIE R. WISEMAN

NOTARY

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

ROBINSON, WEST & GOODEN, P.C.
ROBINSON, WEST & GOODEN, P.C.
6th Floor NationsBank Oakcliff
6th Floor NationsBank Oakcliff
400 South Zang Boulevard
Dallas, Texas 75208
(214) 941-1881

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070